

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10706101
FILING DATE 0-19-03
APPLICANT(S)

314105

CLAIMS

	AS FILED		1ST FILING AMENDMENT		2ND FILING AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/	6	/	6		
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TOTAL IND.	4		4			
TOTAL DEP.	7		7			
TOTAL CLAIMS	21		21			

	IND	DEP	IND	DEP	IND	DEP
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